	Foster Family	/ Home - C	orrective Actior	Poport
	93777 efina Ownbey, CNA HI 96706	Review ID: Reviewer: Begin Date:	1-563777-10  Jackie Chamberlain 2/3/2021	report
Foster Family Hom	e Required Certific	ate	[11-800-6	l
6.(d)(1) Comment:	omply with all applicable requ	irements in this ch	apter; and	**************************************
	ection made for a 3 bed re	-certification.		
Corrective action rep	oort issued during CCFFH	visit with correct	ive action plan due to 0	CTA within 30 days of inspection
Foster Family Hom	e Personnel and S	taffing	[11-800-4	ij
rac Comment:	ce, color, national origin, relig	ion, creed, sex, ag	that prohibit discriminatio le, marital status, or hand	
ipsiairs) The structu	ebsite, the home has 5 be- re of the home does not me mic and possible State a	eet this descript	on. Possibly additions	s 8 bedroom (6 downstairs and 2 have been made without a building year to rectify.

Compliance Manager

Priorary Care Giver

2 4 21
Date
2 4 21
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on C	CFFH Certificato	18.0°	$\Omega$ /		
	al .	Josefina	Junbey		
CCFFH Address:	91-804	Haunih	PLEASE PRINT	10.	
		- COUNTY	PLEASE PRINT	Beach	H. 96706

Rule	Correction	, LLAS	SEPRINT)
Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
h)6	CCFFH will consult with a realtor or contractor to bring the home to building wide within 1 year.	2/5/21	CCFFH will venew all state and county vales and will follow new vales.

All items that were fixed are attached to this CAP	
PCG's Signature:	Date: 2/4/2/
CTA has reviewed all corrected items	one desert sets